

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000**

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 05/19/2005

MICHAEL J. MALLIE
BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
12400 WILSHIRE BOULEVARD
7TH FLOOR
LOS ANGELES, CA 90025
08/23/2005 LWNDIM2 00000075 09465982

01 FC:1501 1400.00 DP
02 EC:8001 30.00 DP



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Angela M. Quinn	(Depositor's name)
August 18, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/465,982	12/16/1999	MARKO BALABANOVIC	074451.P108	9644

TITLE OF INVENTION: METHOD AND APPARATUS FOR STORYTELLING WITH DIGITAL PHOTOGRAPHS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, MYLINH T	2179	345-326000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BLAKELY SOKOLOFF
TAYLOR & ZAFMAN LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RICOH CO., LTD.

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies ten (10)

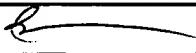
4b. Payment of Fee(s):

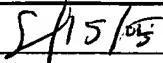
- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date 

Typed or printed name Michael J. Mallie

Registration No. 36,591

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL FOR FY 2005AUG 22 2005
O I P E S C I T B
U.S. PATENT & TRADEMARK OFFICE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,430.00

Complete if Known:

Application No. 09/465,982Filing Date December 16, 1999First Named Inventor Marko BalabanovicExaminer Name Mylinh T. TranArt Unit 2179Attorney Docket No. 074451.P108

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify)**Deposit Account**Deposit Account Number : 02-2666

Deposit Account Name: _____

 The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

 Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Charge fee(s) indicated below except for the filing fee

 Credit any overpayments. Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Large Entity	Small Entity	Fee Description	Fees Paid (\$)
Fee Code	Fee (\$)	Fee Code (\$)	
1011	300	2011 150	Utility application filing fee
1111	500	2111 250	Utility search fee
1311	200	2311 100	Utility examination fee
1012	200	2012 100	Design application filing fee
1112	100	2112 50	Design search fee
1312	130	2312 65	Design examination fee
1013	200	2013 100	Plant filing fee
1113	300	2113 150	Plant search fee
1313	160	2313 80	Plant examination fee
1004	300	2004 150	Reissue filing fee
1114	500	2114 250	Reissue search fee
1314	600	2314 300	Reissue examination fee
1005	200	2005 100	Provisional application filing fee

SUBTOTAL (1) \$ 1,430.00

2. EXCESS CLAIM FEES

				<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>
Total Claims _____				- 20 or HP = _____	X _____	= _____
HP = highest number of total claims paid for, if greater than 20						
Independent Claims _____				- 3 or HP = _____	X _____	= _____
HP = highest number of independent claims paid for, if greater than 3						
Multiple Dependent Claims						= _____
Large Entity		Small Entity				
Fee	Fee	Fee	Fee	Fee Description		
Code	(\$)	Code	(\$)	Each claim over 20		
1202	50	2202	25			
1201	200	2201	100	Each independent claim over 3		
1203	360	2203	180	Multiple dependent claims, if not paid		
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent		
1205	50	2205	25	Reissue: each independent claim more than in the original patent		
				SUBTOTAL (2) \$ _____		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	- 100 = _____ / 50 = _____ (round up to whole number)	X _____		
Large Entity		Small Entity		
Fee	Fee	Fee	Fee	Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):
Code	(\$)	Code	(\$)	
1081	250	2081	125	Utility
1082	250	2082	125	Design
1083	250	2083	125	Plant
1084	250	2084	125	Reissue
				SUBTOTAL (3) \$ _____

FEE CALCULATION (continued)**4. OTHER FEE(S)**

<u>Large Entity</u>	<u>Small Entity</u>		<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)			
<u>Fee</u>	<u>Fee</u>		
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1462	400	1462	400
1463	200	1463	200
1464	130	1464	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	130	2814	65
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
Other fee (specify) <u>Fee for 10 additional copies of Issued Patent</u>			<u>30.00</u>
Other fee (specify) _____			
SUBTOTAL (4) \$ 1,430.00			
<i>*Reduced by Basic Filing Fee Paid</i>			
SUBMITTED BY:			
Typed or Printed Name:	<u>Michael J. Mallie</u>		
Signature:	<u>[Signature]</u>	Date:	<u>8/10/05</u>
Reg. Number:	<u>36,591</u>	Telephone Number:	<u>408-720-8300</u>

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450